

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

**DONNA OHSANN,**

**PLAINTIFF,**

**V. CIVIL ACTION NO. 2:07-cv-00875-WKW**

**L. V. STABLER HOSPITAL and  
COMMUNITY HEALTH SYSTEMS  
PROFESSIONAL SERVICES CORPORATION,**

**DEFENDANTS.**

**FOURTH NOTICE OF FILING OF CONSENTS BY OPT-IN PLAINTIFFS**

Comes now the Plaintiff in the above matter and files the Consents of the following individuals as an opt-in Plaintiff in this action (Exhibit A): Margaret Albritton and Dorothy Maye.

Respectfully submitted,

/s/ David R. Arendall

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David R. Arendall  
Counsel for Plaintiff

OF COUNSEL:

**ARENDALL & ASSOCIATES**

2018 Morris Avenue, Third Floor

Birmingham, AL 35203

205.252.1550 – Office

205.252.1556 - Facsimile

CERTIFICATE OF SERVICE

I hereby certify that on July 28, 2008, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system which will send a notice of electronic filing to the following: David Walston, Esq.

/s/ David R. Arendall

\_\_\_\_\_  
Of Counsel

**EXHIBIT A TO**  
**FOURTH NOTICE OF**  
**FILING OF CONSENTS**

**CONSENT TO BECOME A PARTY PLAINTIFF**

I, Margaret Albright, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 07-23-08

Margaret Albright  
Signature

MARGARET ALBRIGHT  
Print Name

1873 Montgomery Hwy  
Address (Required)

Greenville, AL 36037  
City, State and Zip Code

334-382-2388  
Day Phone no. – Include area code (Required)

334-382-2388  
Evening phone no. – Include area code (Required)

\_\_\_\_\_  
Mobile Phone – include area code

None  
E-mail Address

**CONSENT TO BECOME A PARTY PLAINTIFF**

I, Dorothy Maye, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: Dorothy Maye 7-21-08

Dorothy Maye  
Signature

Dorothy Maye  
Print Name

302 Peachtree Road  
Address (Required)

Greenville, AL 36037  
City, State and Zip Code

334 382 0745  
Day Phone no. – Include area code (Required)

\_\_\_\_\_  
Evening phone no. – Include area code (Required)

\_\_\_\_\_  
Mobile Phone – include area code

\_\_\_\_\_  
E-mail Address